

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

FILED FEB 19 1963

Primary Registration District No. 1003

Registrar's No. 1269

-63-008847  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB.

AMENDED

VS 300  
Rev. 4/59

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USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA Homer Phillips		d. STREET ADDRESS (If outside, give location) 5156 Minerva Ave.	
3. NAME OF DECEASED (Type or print) First Middle Last Lloyd James		4. DATE OF DEATH Month Day Year 2/3/63	
5. SEX Male	6. COLOR OR RACE Col.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/5/07
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Park Watchman		10b. KIND OF BUSINESS OR INDUSTRY City	
11. BIRTHPLACE (City and state or country) Memphis, Tenn.		12. CITIZEN OF WHAT COUNTRY USA.	
13a. FATHER'S NAME Jesse Lee James		13b. MOTHER'S MAIDEN NAME Katie Hair	
14. NAME OF HUSBAND OR WIFE Ernestine James		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO.		17. INFORMANT Ernestine James 5156 Minerva Ave	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhage; Cardiac Tamponade resulting from a stab wound of right chest; suffered when stabbed with knife in hands of one Walter Dean Bonds, in home at 916 N. Cardinal, about 12:15 A.M. on February 3, 1963. DUE TO (b) Homicide 982x PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.) See above	
20c. TIME OF INJURY Hour Month, Day, Year 12:15 a.m. 2-3-63		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION St. Louis, Mo	
21. I attended the deceased from _____ to _____ and last saw her him alive on _____ Death occurred at 12:50 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Helen L. Taylor, Coroner	
22b. ADDRESS 1300 Clark Ave.		22c. DATE SIGNED 2-5-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/8/63	23c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery	
24. FUNERAL DIRECTOR Wright's Funeral Home 3100 Easton Ave.		23d. LOCATION (City, town, or county) St. Louis Co. Mo.	
25. DATE RECD. BY LOCAL REG. FEB 6 1963		26. REGISTRAR'S SIGNATURE Paul Smith, M.D.	

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Arthur L. Hubbard*

Licensed Embalmer No. 4221

P. O. Address 3100 Easton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.